

UNCLAIMED FUNDS
INSTRUCTIONS TO LOCAL FORM 5

To: Applicant for Withdrawal of Unclaimed Funds

Subject: Procedure for Applying for Payment of Unclaimed Funds

The following procedures must be followed in order to apply for the payment of unclaimed funds:

Prepare an “Application for Order Directing Payment of Unclaimed Funds” and personally sign it. (example attached)

Complete the attached “Affidavit of Creditor” form and personally sign it with notarization. Each application must include an “Affidavit of Creditor.” The notarization must be visible and the notary must personally sign the document.

If creditor is an individual, include a photocopy of the creditor’s driver’s license or some other form of personal identification with photograph.

If creditor is a corporation, partnership or other entity, include supporting documentation that the applicant is authorized to claim money on behalf of the corporation, partnership or other entity.

File the documents electronically via the ECF System or, if not an electronic filer, mail or deliver all of the original documents to the Court Clerk’s office at the following address:

United States Bankruptcy Court
Western District of Oklahoma
Attn: Financial Specialist Don Dage
215 Dean A. McGee Avenue
Oklahoma City, OK 73102

Mail or deliver a copy of the completed “Application for Order Directing Payment of Unclaimed Funds” to the U.S. Attorney at the following address:

United States Attorney
Western District of Oklahoma
210 West Park Avenue, Suite 400
Oklahoma City, OK 73102

A copy of the Application must also be mailed to the Panel Trustee, Assistant United States Trustee, Debtor, Debtor’s Attorney, Claimant (if different from applicant), and Claimant’s

Attorney, if discernible. The names and addresses of these parties must be reflected on the certificate of service filed with the Application. Most of this information may be found on the Court docket.

After submission of the application to the Clerk's office, processing the request will require from two to six weeks. Upon completion, a check will be mailed to the applicant.

If you have questions about filling out and submitting the required documents or any other questions about the procedures, please contact Don Dage at (405) 609-5736.

LOCAL FORM 5

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

IN RE:)
) Case No. ____ - ____ - ____
Debtor(s) name,)
) Chapter ____
Debtor(s).)

APPLICATION FOR ORDER DIRECTING PAYMENT
OF UNCLAIMED FUNDS TO CREDITOR/CLAIMANT

A dividend/refund check in the above-named case issued to the payee, _____
_____, in the amount of \$_____, was not
cashed by said payee, and, pursuant to 11 U.S.C. § [347](#)(a) of the Bankruptcy Code, the trustee
paid this unclaimed money to the Registry of the Clerk, United States Bankruptcy Court.

The undersigned creditor/claimant has made sufficient inquiry and has no knowledge that
this claim has been previously paid, that any other application for this claim is currently pending
before this Court, or that any other party other than this Applicant is entitled to submit an
application for this claim.

Applicant has provided notice to the U.S. Attorney pursuant to 28 U.S.C. § 2042.

THEREFORE, Application is hereby made for the Clerk, U.S. Bankruptcy Court, to pay
this unclaimed money to _____ (Name and address of payee (creditor/claimant)) .

Date

Signature of creditor/claimant

Tax ID or last 4 numbers of SSN

Print name of creditor/claimant

Address of creditor/claimant

I hereby certify by my signature above, that a copy of this Application was mailed on the _____ day of _____, 20____, to the United States Attorney, 210 Park Avenue, Suite 400, Oklahoma City, OK 73102 and to the following:

Panel Trustee

Assistant United States Trustee

Debtor

Debtor's Attorney, if any

Original Claimant, if different

Original Claimant's Attorney, if discernible

Signature of creditor/claimant

IN RE: _____)
 _____) Case No. ____-____-____
 Debtor(s) name, _____)
 _____) Chapter _____
 Debtor(s). _____)

State of _____) Tax ID or Last 4 numbers of SSN: _____
 _____ : SS
 County of _____)

1. _____ (Name and Address) _____ has been granted a power of attorney by me to submit Application for Payment from Unclaimed Funds seeking payment of claim number _____, in the amount of \$_____, due and owing to me as a creditor/claimant in the above-referenced bankruptcy case.

3. If other than individual: Substantiate creditor's right to claim, including but not limited to, documents relating to sale of company, i.e., purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds. Attach certified copies of all necessary documentation.

4. I (or the entity I represent) have neither previously received remittance for the claim nor have contracted with any other party other than the person named in Item 1 above to recover these funds.

I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

DATED: _____

Creditor/Claimant Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires:

Notary Public

(Seal)